

06/18/01
JCS85 U.S. PTO

U.S. PTO
09/881664
06/18/01

Continuation Application Transmittal Form

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	AMN-003-002	Total Pages	
	First named Inventor or Application Identifier		Shozo KOYAMA	
	Title of Invention		ANTIGEN INDUCERS, VACCINE PRECURSORS, VACCINIES ANTIBODIES, NEUTRALIZING ANTIBODY, ANTITOXIN, IDIOTYPE ANTIBODY AND/OR ANTIBODY WHICH IS INDUCED BY ITS IDIOTYPE ANTIBODY	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification [Total Pages 80] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) [Total Sheets 13] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (When there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO-1449 <input type="checkbox"/> Copies of IDS Citations (* docs) 12. <input checked="" type="checkbox"/> Preliminary Amendment with Version with Markings to Show Changes Made 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Assertion to Entitlement to Small Entity Status <input type="checkbox"/> Assertion filed in prior application, status still proper and desired 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document <input checked="" type="checkbox"/> Priority of application No. 9-028295 filed on January 29, 1997, in Japan is claimed under 35 USC 119. <input checked="" type="checkbox"/> The certified copy has been filed in prior application Serial No. 09/355,642. 16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Copy of Notice of Recordation of Assignment Document <input type="checkbox"/> Request for Change of Corresponding Address

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☒ Continuation ☐ Divisional ☐ Continuation-in part (CIP)
of prior application No.: 09/355,642

18. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		020374		or <input type="checkbox"/> Correspondence address below	
NAME	KUBOVCIK & KUBOVCIK				
ADDRESS	900 17th Street, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20006
FILING DATE	June 18, 2001	TEL	202-887-9023	FAX	202-887-9093

09881664-061301

FEE TRANSMITTAL

Note: Effective October 1, 2000

Application Number

09/

Filing Date

June 18, 2001

First Named Inventor

Shozo KOYAMA

Group Art Unit

Not Assigned

Examiner Name

Not Assigned

Attorney Docket Number

AMN-003-002

CLAIMS AS FILED-PART 1

SMALL ENTITY

OTHER THAN SMALL ENTITY

FOR

NUMBER FILED

NUMBER EXTRA

RATE

FEE

RATE

FEE

BASIC FEE
(37 CFR 1.16 (a))

\$355.00

\$710.00

TOTAL CLAIMS
(37 CFR 1.16 (c))

28 - 20 =

8

\$9.00

\$18.00

\$144.00

INDEPENDENT CLAIMS
(37 CFR 1.16 (B))

5 - 3 =

2

\$40.00

\$80.00

\$160.00

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16 (d))

\$135.00

\$270.00

SUB TOTAL

SUB TOTAL

\$1,014.00

SURCHARGE-LATE FILING FEE OR DECLARATION

\$65.00

\$130.00

RECORDING ASSIGNMENT

\$40.00

\$40.00

TOTAL

\$0.00

\$1,014.00

METHOD OF PAYMENT (check one)

1. ☒ The commissioner is hereby authorized to credit overpayments or charge insufficiencies to:

DEPOSIT ACCOUNT No.

111833

DEPOSIT ACCOUNT NAME

KUBOVCIK & KUBOVCIK

2. ☒ Payment Enclosed:☒ Check (# 3987 for \$1014.00)☐ Money Order☐ Other

SIGNATURE OF ATTORNEY, OR AGENT

NAME

Keiko Tanaka Kubovcik

REGISTRATION No.

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SIGNATURE



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